

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544 7FL

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		1		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
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12		0		1		
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50						
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	32	←	31	←		←
TOTAL CLAIMS	36		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						